U.S. AIR FORCE

Impact of 4F/4N/4E Merger on Flight Medicine

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MISCONCEPTION

Understanding that PES existed as an element prior to the merger:

1. **This is not a reduction in manning for Flight Medicine PCO team; Therefore should not affect daily clinic activities**
2. **Fully manned, according to PCO guidelines, Flight Medicine patient care should function as efficiently as pre-merger**

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FACTS

PES NO LONGER EXIST THIS IS NOT A NAME CHANGE

1. **Former PFs currently 4Es are off limits for backfill purposes**
2. **Para professional portion of flyers exam will be performed by Flight Medicine 4N0s**
3. **Meeting special duties such as jump coverage, ramp freezes, in-Flight emergencies… will be difficult unless responsibilities shared with other medical or line assets**

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FACTS (continued)

4. **Absorbing almost all non-empanelled population and special exams (done historically in Flight Medicine) will no longer be possible**

5. **Increasingly becoming a consulting service for Occupational Medicine as opposed to main player**

6. **With the disappearance of 4Fs, the meticulous training of 4Ns will be vital for business as usual in Flight Medicine**

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FACTS (continued)

7. **Several working relationships within the Med Group as well as with the line will have to be altered**

8. **Increasing effort will have to be made to avoid mission creep on former 4Fs now 4Es**

9. **Significant budgeting changes will be expected**

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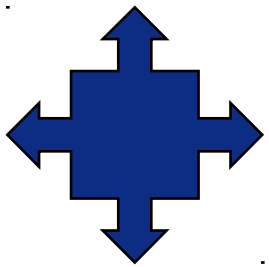
FACTS (continued)

- **IT SHOULD BE UNDERSTOOD THAT DIFFERENT IMPACTS WILL BE FELT AND UNIQUE CHALLENGES WILL ARISE WITH DIFFERENT COMMANDS AND TYPES OF MISSION SUPPORT**



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QUESTIONS?